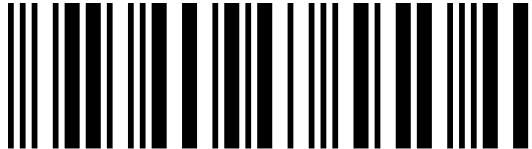
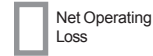


500 X (Rev. 8/01)

Tax Year _____
 Department of Revenue
 Amended Individual
 Income Tax Return



0100504911



Please answer all questions, fill in all applicable items, and explain changes on Page 2.

| | | | | | | |
|------------------------------|---|------------------------|---------------------------------|-------------------------------|-----------------------|-------------------------|
| Please Print OR Type | First name and initial (if joint return, use first names and middle initials of both) Last Name | | Your Social Security Number | | | |
| | Home Address (Number and Street or rural route) | | Spouse's Social Security Number | | | |
| | City, Town or Post Office | County | State | Zip Code | | |
| Filing Status Claimed | On Original Return..... | Single [] | Married Filing Jointly [] | Married Filing Separately [] | Head of Household [] | Surviving Widow(er) [] |
| | On This Return..... | [] | [] | [] | [] | [] |
| Residency | Note: You cannot change from Married filing jointly to Married filing separately after the due date of the return. | | | | | |
| | On Original Return..... | [] Full Year Resident | [] Part Year Resident | From _____ To _____ | [] Nonresident | |
| | On This Return..... | [] Full Year Resident | [] Part Year Resident | From _____ To _____ | [] Nonresident | |

Was a Federal Amended Return Filed? [] Yes [] No - If YES, Please Attach Copy.

| Calendar Year _____ or Fiscal Year Ending _____ Explain all changes on Page 2. | A As originally reported or as adjusted | B Net Change Increase or Decrease | C Correct Amount |
|---|--|--------------------------------------|---------------------|
| 1. Total Income (Georgia adjusted gross income) Form 500. Explain any changes on Page 2. | | | |
| 2. Standard or itemized deductions. | | | |
| 3. Exemptions. If changing fill in Part I and Part IV of Page 2. | | | |
| 4. Taxable Income. Subtract Lines 2 and 3 from Line 1. | | | |
| 5. Total Tax | | | |
| PAYMENTS AND CREDITS | | | |
| 6. Georgia Income Tax Withheld | | | |
| 7. Other Credits | | | |
| 8. Estimated Tax Payments: Georgia Form 500 | | | |
| 9. Amount paid with original return, plus additional payments made after it was filed | | | |
| 10. Total of Lines 6 through 9, Column C | | | |
| REFUND OR BALANCE DUE | | | |
| 11. Overpayment, if any, shown on original return: Georgia Form 500 | | | |
| 12. Subtract Line 11 from Line 10 and enter result | | | |
| 13. If Line 5, Column C is more than Line 12, enter Balance Due | | | |
| 14. Add interest (12% per annum) | | | |
| 15. Total of Lines 13 and 14. Pay in full with this Return | | | |
| 16. If Line 5, Column C is less than Line 12, enter refund to be received | | | |

Under penalties of perjury, I declare that I have filed an original return and that I have examined this amended return, including accompanying schedules and statements, and to the best of my knowledge and belief this amended return is true, correct, and complete.

Sign Here _____
 Your Signature _____ Date _____ Spouse's Signature _____ Date _____

Signature of preparer other than taxpayer, based on all information of which s/he has any knowledge _____ Date _____ ID number of preparer _____

MAIL COMPLETED RETURN TO: GEORGIA INCOME TAX DIVISION P.O. BOX 740385 ATLANTA, GEORGIA 30374-0385

GEORGIA PUBLIC REVENUE CODE SECTION 48-2-31 STIPULATES THAT TAXES SHALL BE PAID IN LAWFUL MONEY OF THE UNITED STATES, FREE OF ANY EXPENSE TO THE STATE OF GEORGIA.

Part I. - Exemptions

1. Number of exemptions claimed on original return

2. Number of exemptions claimed on this return

3. Difference, if any

Dependents (children and other) not claimed on the original (or adjusted) return:

| If more than three additional dependents, attach a list | First Name | Last | Social Security Number | Relationship to you |
|---|------------|------|------------------------|---------------------|
| | | | | |
| | | | | |
| | | | | |

4. Additional Standard Deduction for Yourself and Spouse
(Check only those boxes not checked on original return and only if Standard Deduction is used)

| | | | |
|---------------|------------|-------|---------------------------------|
| Regular | 65 or over | Blind | Enter Number of boxes checked ➤ |
| Yourself..... | [] | [] | |
| Spouse..... | [] | [] | |

Part II. - Computation of Georgia Taxable Income for part-year residents and nonresidents

| | Federal Income after Georgia Adjustments COLUMN A. | Income Not Taxable to Georgia COLUMN B. | GEORGIA INCOME COLUMN C. |
|---|---|--|-----------------------------|
| 1. Wages, Salaries, Tips, Etc..... | | | |
| 2. Interest and Dividends..... | | | |
| 3. Business Income or (loss)..... | | | |
| 4. Other Income or (loss)..... | | | |
| 5. Total Income: Total Lines 1 through 4..... | | | |
| Adjustments to Income: | | | |
| 6. Total from Federal Form 1040..... | | | |
| 7. Total Georgia Adjustments, explain in PART IV below..... | | | |
| 8. Adjusted Gross Income: Line 5 plus or minus Lines 6 and 7 | | | |
| 9. RATIO: Divide Line 8, Column C by Column A - Enter Percentage..... | | () | (Not to exceed 100%) |
| 10. Itemized or Standard Deduction..... | | | |
| 11. Personal Exemptions..... | | | |
| 12. Total Deductions and Exemptions: Add Lines 10 and 11..... | | | |
| 13. Multiply Line 12 by Ratio on Line 9 and enter result..... | | | |
| 14. Georgia Taxable Income: Subtract Line 13 from Line 8. Enter on Line 4C on reverse side..... | | | |

Part III. Disability OR retirement income exclusion you _____ spouse _____

Date of birth OR disability you _____ spouse _____

Type of disability you _____ spouse _____

Part IV. - EXPLANATION OF CHANGES to Income, Deductions, Exemptions, and Credits. Show computations in detail. Attach applicable schedules.**INSTRUCTIONS:**

1. Attach a copy of your original and amended federal return.
2. If the return is being amended due to a K-1, include the original and amended K-1.
3. If the return is being used to carryback a N.O.L., it must be filed by the 15th day of the 40th month following the end of the loss year. Attach any applicable schedules from Form IT-553.
4. A claim for a refund of tax must be made within three years from the date the tax was paid. Taxes which have been paid by withholding or estimated tax are treated as having been paid on the regular due date of the return.
5. If you are filing an amended return to claim the low income credit, the claim must be filed by the end of the 12th month following the close of the taxable year for which the credit may be claimed.
6. If you want all or part of the refund applied to estimated tax, indicate this with the year and the amount under Line 16.
7. If the return is being amended due to a W-2, include a copy of the W-2.